

PTO/SB/21 (9-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/756,125
		Filing Date	January 12, 2004
		First Named Inventor	Dennis R. BURTON
		Art Unit	1648
		Examiner Name	Stacy B. CHEN
Total Number of Pages In this Submission	27	Attorney Docket Number	48503-00004

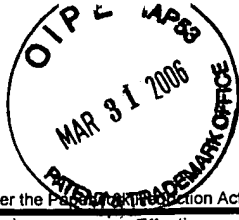
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (One-Month) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 27 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Attachment for Reply
<u>Remarks</u>		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	Preston Gates Ellis & Rouvelas Meeds, LLP		
Signature			
Printed Name	Don J. Pelto		
Date	March 31, 2006	Reg. No.	33,754

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Signature			
Type or Printed Name		Date	

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FEE TRANSMITTAL for FY 2005 (Only for new nonprovisional applications under 37 CFR 1.53(b))		Complete if Known	
		Application Number	10/756,125
		Filing Date	January 12, 2004
		First Named Inventor	Dennis R. BURTON
		Examiner Name	Stacy B. CHEN
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27	Art Unit	1648	
TOTAL AMOUNT OF PAYMENT	(\$120.00)	Attorney Docket No.	48503-00004

METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____				
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-1067</u>		Deposit Account Name: _____				
For the above-identified account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee						
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments						
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES						Small Entity	
Fee Description					Fee(\$)	Fees(\$)	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims			
____-20 or HP = _____	x _____	= _____	_____	Fee(\$)	Fee Paid(\$)		
HP = highest number of independent claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)				
____-3 or HP = _____	x _____	= _____	_____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)			
____-100= _____	/50= _____	____(round up to a whole number) x _____	_____ = _____				
4. OTHER FEE(S)				Fee Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)				_____			
Other (e.g., late filing surcharge): <u>Petition for Extension of Time</u>				\$120.00			

SUBMITTED BY			
Signature		Registration No. 33,754	Telephone 202.628.1700
Name (Print/Type)	Don J. Felto	Date	March 31, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.